



## Repeat Maltreatment Practice Bulletin February 2008



**Expectations:** The national standard for repeat maltreatment measures whether a child experiences repeat maltreatment within a six-month period. The expectation is that when we are involved in the life of a family where abuse has occurred, we complete a comprehensive assessment, provide services and supports to match the family's needs, and through that intervention, remedy the causes and effects of the abuse to prevent further maltreatment of the child. Repeat maltreatment must be viewed over time and in relation to changing patterns of events in the lives of families.

**Research<sup>1</sup> identifies:**

- ❑ *Characteristic and challenges of families where re-abuse is more likely to occur* - larger families, younger caregivers [particularly in their 20s], single parent households, families who lack social supports, families in extreme poverty, families with multiple needs, and families engaged with multiple public systems. Certain caregiver problems and challenges associated with re-abuse - alcohol or other drug abuse, mental illness [particularly high levels of undiagnosed or treated depression], serious health problems; and domestic violence
- ❑ *Variable patterns of re-reporting depending on the types and severity of abuse* - multiple types

of abuse, severe abuse, and neglect are more likely to recur [but initial reports can be any type of abuse]; medical neglect and reports that the children's basic needs are unmet are more likely to recur.

- ❑ *Impact of chronic maltreatment on children is dependent on a number of factors*, including the child's age, the type of abuse or neglect, the frequency, duration and severity of abuse, and the relationship between the victim and their abuser. The impact on a child is affected by resiliency and protective factors that help modulate the effects. Long-term effects can include impaired brain development, psychological consequences, and behavioral consequences.
- ❑ *Child protective service system factors associated with the chronic need for intervention or services:*
  - Keeping cases open for limited periods of time combined with the absence of comprehensive assessments and ongoing services creates an environment in which families are more likely to return to child protective services.
  - Lack of support for family stabilization leads to defeat and despair in families.
  - Offices with high staff turnover have higher rates of recurrence.

**Results of Chronic Neglect:** While often given less attention than child abuse, chronic neglect is more prevalent, requires more local and state resources, and results in long-term negative individual, family, and community effects.<sup>2</sup>

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<sup>1</sup> Families with Repeat Involvement with Child Welfare Systems: The Current Knowledge Base and Needed Next Steps

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<sup>2</sup> Chronic Neglect: Indicators and Strategies for Response



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#### Protective Factors that Contribute to Resilience in Children:

- ❑ Individual Characteristics, such as optimism, self-esteem, intelligence, creativity, humor and independence.
- ❑ Family or Social Environment Factors, such as a child's access to social supports.

#### What Research says about System Changes to Impact Re-abuse:

- ❑ Establish a protocol for supervisory review and consultation when families receive a second referral for child protection.
- ❑ Consider designation of a child protective specialist or a child protective service team with expertise on the needs of frequently encountered families, strong skills in comprehensive assessment, and the ability to work with families who have chronic neglect.
- ❑ Consider teaming or assigning cases to a service unit rather than a single worker to allow multiple perspectives for assessing and service planning. Families that are referred a second time should be assigned to the same unit or team to ensure strong consistent and continuous assessment, service planning, and delivery.
- ❑ Stabilize worker turnover. Studies show that the stability of the child welfare workforce is promoted by reducing the caseloads of individual caseworkers, reducing administrative burdens, and strong supervisory support. Caseworkers also identify training and other supports, related to job satisfaction, that strengthen their ability to work effectively.
- ❑ Cross train with mental health, substance abuse and domestic violence service providers. Training recommendations include training that:
  - Addresses the specialized casework knowledge and skills required with frequently seen families.
  - Enhances training on family engagement and development of informal supports.

- Focuses on family assessment and comprehensive assessments.
- Provides supervisory approaches that strengthen caseworkers skills.
- Demonstrates an organizational commitment to collaboration with other family serving systems and community-based organizations.

- ❑ Consider co-locating prevention and intervention resources.

#### Practice Tips:

- ❑ When engaging the family in decision-making, define and balance the "immediate child safety focus and the desire to keep families together" with "long-term prognosis and protection of the child over time."
- ❑ Identify families who are likely to have recurrence of abuse, provide comprehensive assessments and provide integrated and comprehensive services. For many families, problems are multiple and interrelated. Pervasive and persistent poverty is associated with increases in depression. Depression may result in attempts to self-medicate, leading to substance abuse and addiction. The effects of substance abuse may include hyper-arousal, leading to family violence. Services therefore, must be coordinated, comprehensive, and address *interrelated underlying needs*.
- ❑ Outline in court reports and court testimony the risk of and long-term effects of chronic neglect and recommend an urgent response to repeat abuse.
- ❑ Consider concurrent planning with alternative permanency goals as part of the structure of the family team meeting, even for intact families. Provide individualized assessment and time-limited work at targeted problems. Provide full documented disclosure of problems, changes required, possible consequences, and timeframes. Provide early, aggressive search for relative or kin to provide ongoing family



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resources and develop with the family an alternative permanency plan.

- ❑ Provide relapse, safety, and crisis planning to reduce the long-term risks faced by a family, particularly for families with substance abuse, mental illness, cognitive impairments and domestic violence issues -- conditions that often result in cycles of adequate and inadequate family functioning.

### **Practice Tips with Parents:**

- ❑ Listen to the voices of families. Research and experience indicate that the voices of families are not consistently heard in assessment of their needs and in providing services. Help parents be their own best advocates.
- ❑ Provide early and ongoing comprehensive family assessment. Identify underlying issues, and address them early with the right intensity of the response. When possible, have families assessed by the same professionals over time. Families typically assessed by different professionals over time, result in differences in issues identified. Early assessments of families may be inaccurate, leading to families who receive services that they do not need and do not receive the services that they do need.
- ❑ Utilize family team meetings that brings together a wide range of formal and informal support resources for the family
- ❑ Address social interaction deficits that prevent parents from developing and maintaining informal supports. Focus on development of reliable, ongoing informal supports.
- ❑ The parents' family history is critical knowledge - so that we can plan to address the hierarchy of needs. Needs, such as food, security, and safety must be met before an individual can move to meeting the needs of their child.

### **Practice Tips in Working with Children:**

- ❑ Help the child develop a trusted relationship with an emotionally healthy, committed adult outside the immediate family to provide ongoing stability and support for the child [e.g. relative, teacher, church member, community youth worker, etc.]
- ❑ Given the research evidence on the added risk to young children and the importance of their early years to lifelong well-being, provide multiple supports for families with young children which includes high quality early education and care. Therapeutic child care emerges as one of the strongest evidence-based practices associated with positive outcomes for maltreated children.
- ❑ Pay attention to the impact of trauma on children and youth to meet children's physical, cognitive, emotional, social and behavioral needs. Young children should be referred to early interventions services and therapeutic child care.

### **Resources:**

- ❑ DHS Ames Service Area: "Learnings from Repeat Abuse Consultations 2007" and "Repeat Abuse Consultation Protocol" December 2006
- ❑ Chronic Neglect: Indicators and Strategies for Response; May 2006
- ❑ Child Welfare Institute: "What Do We Know About Re-maltreatment?"; March 2002
- ❑ National Resource Center on Child Maltreatment: "Reabuse-Recurrance of Child Abuse"; March 2002
- ❑ Families With Repeat Involvement with Child Welfare Systems, The current knowledge base and needed next steps." December 2006
- ❑ Child Welfare Information Gateway: "Long-Term Consequences of Child Abuse and Neglect." April 2006